CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL ACTICES COMMISSICOVER PAGE

FEB 2 5 2010

Date Received

LOUID O EN INA Public Document

Please too or print in ink.	IU DAN TO AN HAJA HOME		TO DESIGN OF EDW
NAME (LAST)	(FiRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Arculenus,	Linda	Lee	
MAILING ADDRESS STREET	спу	STATE ZIP CO	DE OPTIONAL: E-MAIL ADDRESS
(Business Address Acceptable)			

1. Office, Agency, or Court
Name of Office, Agency, or Court
Inyo County
Division, Board, District, if applicable:
First District
Your Position:
Supervisor
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency:
Position:
2. Jurisdiction of Office (Check at least one box)
State
County of
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is/, through December 31, 2009,
Leaving Office Date Left:/(Check one)
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/ through the date of leaving office.
Candidate Election Year: <u>a0/b</u>

4. Schedule Summary
► Total number of pages including this cover page:
Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 X Yes - schedule attached Investments (Less than 10% Ownership)
Schedule A-2 X Yes - schedule attached Investments (10% or Greater Ownership)
Schedule B Yes – schedule attached Real Property
Schedule C X Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D Yes - schedule attached Income - Gifts
Schedule E X Yes – schedule attached Income – Gifts – Travel Payments
-or-
No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Library 35, 2010	
(Incrett, day, year)	
Signature (File the originally signed statement with your filing difficial.)	•

SCHEDULE A-1 investments

Stocks, Bonds, and Other Interests

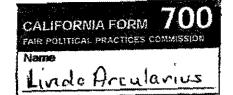
(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

	NIA FORM al practices c	
Manue Livid q	Arcula	riúc

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Southern California Edisur GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Commun Stack Shares FAIR MARKET VALUE X \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACOURED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$0ver \$1,000,000 MATLIRE OF INVESTMENT
Describe) Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schoolship C)	Partnership () Income of \$0 - \$500 or More (Report as Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE. LIST DATE:
➤ NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$16,000	FAIR MARKET VALUE \$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income of \$0 - \$500	MATURE OF INVESTMENT Stock Cither (Describe) Permership O Income of \$0 - \$500
O Income Received of \$500 or More (Region on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	/ / 09 / / 09 ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)



FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

►1 BUSINESS ENTRY OR TRUST	► 13BBSINESS ENTITY OR TRUST
Arcularius Holdings LLE	Accularios Holdings, LLC
Nicomo	
225 N. Round Valley Rd, Bishop, CA 93514	225 N. Round Valley Rd, Bistop, CA 93514
Address (Business Address Acceptatole)	Address (Business Address Acceptable)
Check one Trust, go to 2 Gusiness Entity, complete the box, then go to 2	Check one Trust, go to 2 SV Business Entiry, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Livestock Production	Livestock Production Cabin Rental
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE BY APPLICABLE, LIST DATE:
\$10,001 - \$100,000 109 109	\$10,001 -\$100,000 <u></u>
A LOCALITY - SIGNATURE	(X 5100001 - \$1,00000
NATURE OF INVESTMENT	HATURE OF INVESTMENT Family Partnership
NATURE OF INVESTMENT Partnership Q and LLC	Sole Proprieduration Partnership A ord LLC
YOUR BUSINESS POSITION MONGGER	YOUR BUSINESS POSTION M BANGE &
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCOME YOUR PRO RATA	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCOUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>10</u> THE ENTITYTRUST)
☐ \$0 - \$499	
☐ \$1,001 - \$10,000	
► 3 LIST THE WAVE OF EACH REPORTABLE SINGLE SOURCE OF THE WINDOME OF STORAGE OR MORE Access a page to short the country.	➤ 3. LIST THE WALLE OF EACH REPORTABLE SINGLE SOURCE OF INCOME: OF \$19,000 OR MORE (places a reportate bases of reconstruct).
Harris Feeding Co.	Dave Wood.
Dave Wood	
 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE? BUSINESS ENTITY OR TRUST 	 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Cleck one box:	Creck one box
INVESTMENT PROPERTY	MVESTMENT REAL PROPERTY
Arcularius Heldings LLC	Arcularius Holdwag, LLC
Name of Business Entry or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
∞q-{≥c-(6	14-290-02
Inya Co Parcel 009-120-05	Mono Co Parcel 06-81-000-00-9811
Description of Business Activity of City or Other Precise Location of Real Property	Description of Business Activity or
	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, DIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
510,001 - \$100,000	510,001 - \$100,000
	St 100,001 - \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust. Strick Partnership	MATURE OF INTEREST
Drindenty Connectation Country Partnership	Property Ownership/Deeri of Trust Stock Pertnership
Leasehold Transmitting Other cond LLC	Leasehold You resigning You're Care LLC
Check box if additional schedules reporting (westwents or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2008/2010) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Linda Arcularius

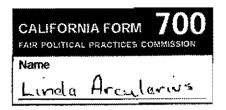
1040 CO Parcel 009 - 128-186	CTY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
VATURE OF INTEREST	NATURE OF INTEREST
Cownership/Deed of Trust Carrier Carrier	. Leasehold
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
□ \$0 · \$499 □ \$500 · \$1,000 □ \$1,001 · \$10,000	□ \$0 · \$499 □ \$500 · \$1,000 □ \$1,001 · \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: if you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
•	i 1
	al lending institutions made in the lender's regular course outlic without regard to your official status. Personal loans
of business on terms available to members of the p and loans received not in a lender's regular course	ublic without regard to your official status. Personal loans
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER.	ublic without regard to your official status. Personal loans of business must be disclosed as follows:
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER. ***********************************	ublic without regard to your official status. Personal loans of business must be disclosed as follows:
of business on terms available to members of the pland loans received not in a lender's regular course NAME OF LENDER. ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the pland loans received not in a lender's regular course NAME OF LENDER. ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER MIEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the pand loans received not in a lender's regular course name of Lender's NAME OF LENDER'S NOTICESS (Business Address Acceptable) SUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	NAME OF LENDER* ADDRESS (Business Activess Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone
of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER BUSINESS ACTIVITY, IF ANY, OF LENDER HITEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name Linda Arcularius	MANAGEMENT TERRORMENTAL

▶ 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Aportos Holdwage, LLC	Arcularus Heldungs, LLC ADDRESS (Business Access Acceptable)
225 N. Round Willey Rd Bishup, CA BUSINESS ACTIVITY IF AMY, OF SOURCE 93514	225 N. Bourd Valley Rd Bishan, CA 985 BUSINESS ACTIVITY IF ANY, OF SOURCE LING - ABOUT Production / Cebin Revoter YOUR BUSINESS POSITION Many Co.
Livestock Production - Round alley	Line Look Ponduction / Cobin Revote
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION ME YOU CO.
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
000,072 - 100,12 000,12 - 0052 D	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic parmer's income	Salary Spouse's or registered domestic partner's Income
Licent paperpriett	Loan repayment
Sale of	Sale of Property car, host, etc.)
Commission Of Rental Income, list each source of \$10.000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Cons (Describe)
► Z. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	on on
of a retail installment or credit card transaction, made	rour official status. Personal loans and loans received
NAME OF LENDER*	
	INTEREST RATE TERM (Months/Yesus)
ADDRESS (Bullion Address Addre	INTEREST RATE TERM (Montre/Yests)
ADORESS (Business Adoress Acceptable)	% I None
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	_
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN None Personal residence Real Property
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	SECURITY FOR LOAN None Personal residence Real Property
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	SECURITY FOR LOAN Mone
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN Mone
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	SECURITY FOR LOAN Mone
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN Mone
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	SECURITY FOR LOAN Mone

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
Regional Council of Rund Counties ADDRESS (Business Address Acceptable) 1215 K. Street Suite 1650	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
Scaramento, CA. 958/4 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
-	
DATE(SP / 10/109 - (2 13/109 AMT: \$4,933.34	DATE(S): AMT: \$
TYPE OF PAYMENT: (must check one) [Gift	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Travel and meal expenses	DESCRIPTION:
related to services on the RCRC	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) [Gift [Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	

FORM 700 Statement of Economic Interests for Calendar Year 2009 List of Agencies and Member Counties

INYO COUNTY

Agency	<u>Position</u>
CRHMFA Homebuyers Fund	Delegate
Rural Health Joint Powers Authority	Delegate
California Rural Home Mortgage Finance Corp	Delegate
Environmental Services Joint Powers Authority	Delegate
California Local Government Finance Authority	Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolomne County